

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

VERBAL NOTICE OF ELIGIBILITY

DATE VERBAL NOTICE RECEIVED	DOCUMENTED BY
DES/CCA SPECIALIST'S NAME	PHONE # (Include area code and extension)
PARENT/CARETAKER'S NAME	

CHILD'S NAME	CHILD'S ID #	START DATE	STOP DATE	# OF UNITS	COPAY AMOUNT
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L
				D	\$ D
				L	\$ L

- If a Certificate of Authorization form is not received after ten (10) working days of receiving a verbal notification of eligibility, contact the child's Case Specialist to request a copy of the child's CP08A *Client/Provider Action/Authorization Notice*, "Turn-Around Document".
- The copay amount is the minimum payment expected for each child and is set by DES/CCA. The amount you actually charge a family for care (*your charges minus what DES/CCA pays*) may be greater than the copay amount.
- "D" Full Day = 6 hours or more, "L" = Less than 6 hours = Part Day.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4348; TTY/TDD Services: 7-1-1.